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as attorney	(s) or agent(s)	to rangeant the undersigned hefe	one the United States	Patent and Tradens	or Office (USPTO) in con	nection with
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Assignee Name and Address:						
Medical Research Council 2nd Floor David Philips Building, Polaris House						
North Star Avenue, Swindon, UK SN2 1FL						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	~~~~~~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				Date 1/4 52 2-01/	
Name		Graham Wa	gner		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33 416200
Title	Authorized Signatory on behalf of Medical Research Council					
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